

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
SEP 11 2017

Permit #:	17-0386
Date:	9-25-17
Amount Paid:	350 9-11-17
Refund:	175 9-11-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Michael S. BATT		Mailing Address: 5925 Lindale Bay Rd		City/State/Zip: Barnes WI 54873		Telephone: 715 795-3476
Address of Property:		5925 Lindale Bay Rd.		City/State/Zip: Barnes WI 54873		Cell Phone:		
Contractor:		American Tons Hayward		Contractor Phone: 715-634-5222		Plumber: 417 Tech Plumbing Inc.		Plumber Phone: 715 462-4461
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Mark O'Connell		Agent Phone: 715 634-5222		Agent Mailing Address (Include City/State/Zip): 15628 5th Rd W Hayward WI 54843		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID # (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)		Document #: 2006 R-570158
NE 1/4, NE 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 11, Township 44 N, Range 9 W								Lot Size 400' x 650' Acres 6 Acres
Town of: Barnes								
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$175,000.	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			<input checked="" type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/> _____		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 52'	Width: 42'	Height: 18'
Proposed Construction:	Length: 52'	Width: 42'	Height: 18'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(52 x 42)	1,792
<input type="checkbox"/> with Loft	<input type="checkbox"/>		(14 x 7)	98
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	with a Porch	(8 x 10)	80
Rec'd for Issuance	<input checked="" type="checkbox"/>	with (2 nd) Deck	(8 x 10)	80
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	with Attached Garage	(8 x 10)	80
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(8 x 10)	80
SEP 21 2017	<input type="checkbox"/>	Mobile Home (manufactured date)	(8 x 10)	80
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Addition/Alteration (specify)	(8 x 10)	80
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Accessory Building (specify)	(8 x 10)	80
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(8 x 10)	80
SEP 13 2017	<input type="checkbox"/>	Special Use: (explain)	(8 x 10)	80
Back 9-13-17	<input type="checkbox"/>	Conditional Use: (explain)	(8 x 10)	80
Secretarial Staff	<input type="checkbox"/>	Other: (explain)	(8 x 10)	80

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonably necessary information for the purpose of inspection.

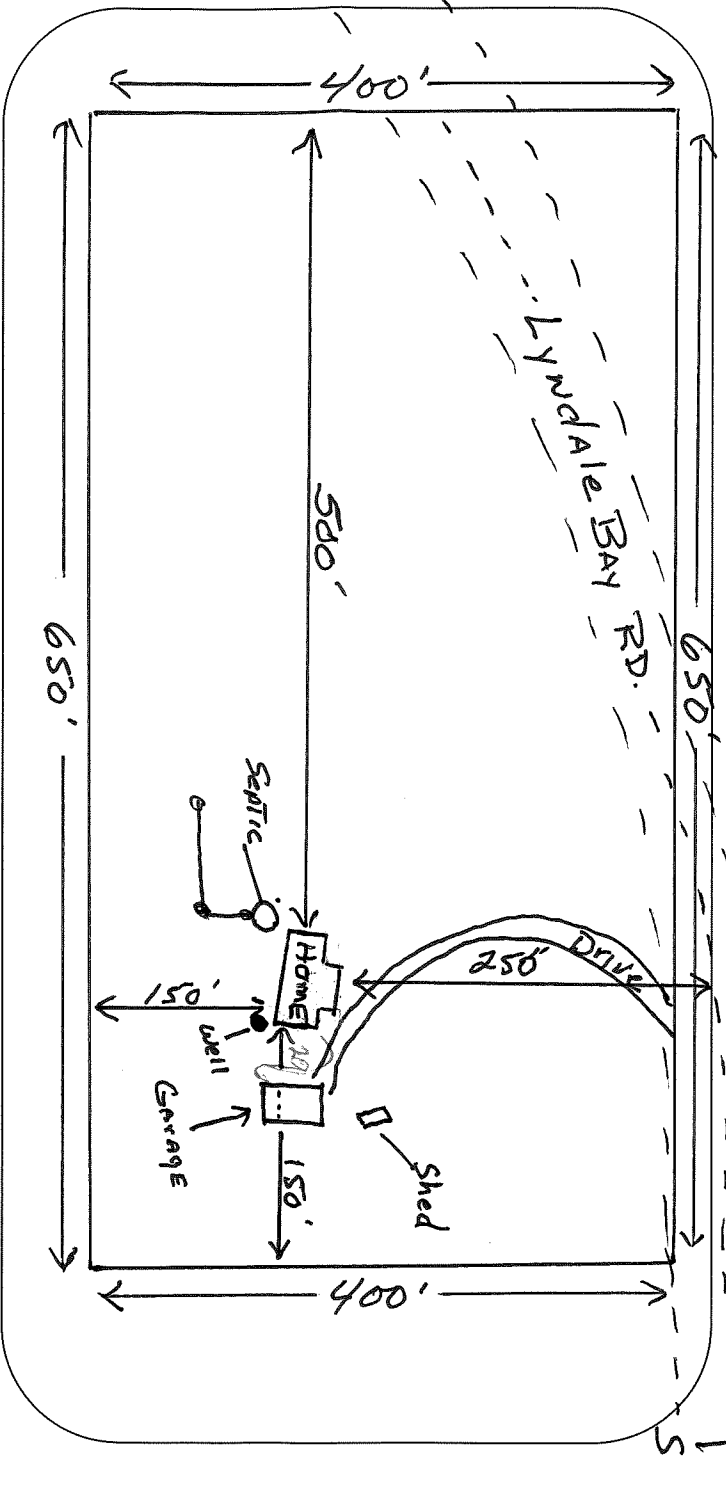
Owner(s): Michael O'Connell
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	250' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	250' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	150' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	500' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	6 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings; ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 298087	# of bedrooms: 3	Sanitary Date: 7-30-97					
Permit Denied (Date):		Reason for Denial:							
Permit #: 17-0386		Permit Date: 9-25-17							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner. Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District (R-2) Lakes Classification (N/A)			
Inspection Record: ON Same alignment equal to back & closer to public Road with 3 wide NYC HOME		Date of Inspection: 9/12/17						Inspected by: [Signature]	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)		Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.							
Signature of Inspector: [Signature]		Date of Approval: 9/13/17							
Hold For Sanitary: <input checked="" type="checkbox"/> [Signature]		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>			

Village, State or Federal
May Also Be Required

USE – X
ANITARY – 298087 (Reconnect)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0386** Issued To: **Michael Bott**

W 650' of N 400' in

Location: **NE** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **11** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1- Story; Residence (52' x 42') = 2,184 sq. ft.; Porch (14' x 7') = 98 sq. ft.; Deck (8' x 10') = 80 sq. ft.] Total Overall = 2,264 sq. ft.**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

September 25, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
SEP 05 2017
Bayfield Co. Zoning Dept.



Permit #:	17-0393
Date:	9-27-17
Amount Paid:	\$5 946.17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Michael R. Holsclaw				Mailing Address:		4419 E. 3rd St.		City/State/Zip:		Superior, WI 54880		Telephone:	
Address of Property:		56200 Bear Foot Tr. (Barnes WI)				City/State/Zip:								Cell Phone: 218-290-2026	
Contractor:		54873				Contractor Phone:				Plumber:				Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Anne Wilkan (mother)				Agent Phone:		715-816-0975		Agent Mailing Address (include City/State/Zip):		Barnes WI 54873		Written Authorization Attached Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits)		38510		Recorded Deed (i.e. # assigned by Register of Deeds)		Document #:		R-			
NE 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision: Osage Add.	
Section 7, Township 45 N, Range 9 W		Town of:		Barnes										Lot Size	
<input type="checkbox"/> Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If YES--continue →		Distance Structure is from Shoreline: N/A feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If YES--continue →		Distance Structure is from Shoreline: N/A feet									

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$40,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Sewer
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Specified Type: Septic
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> 750 gal.
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

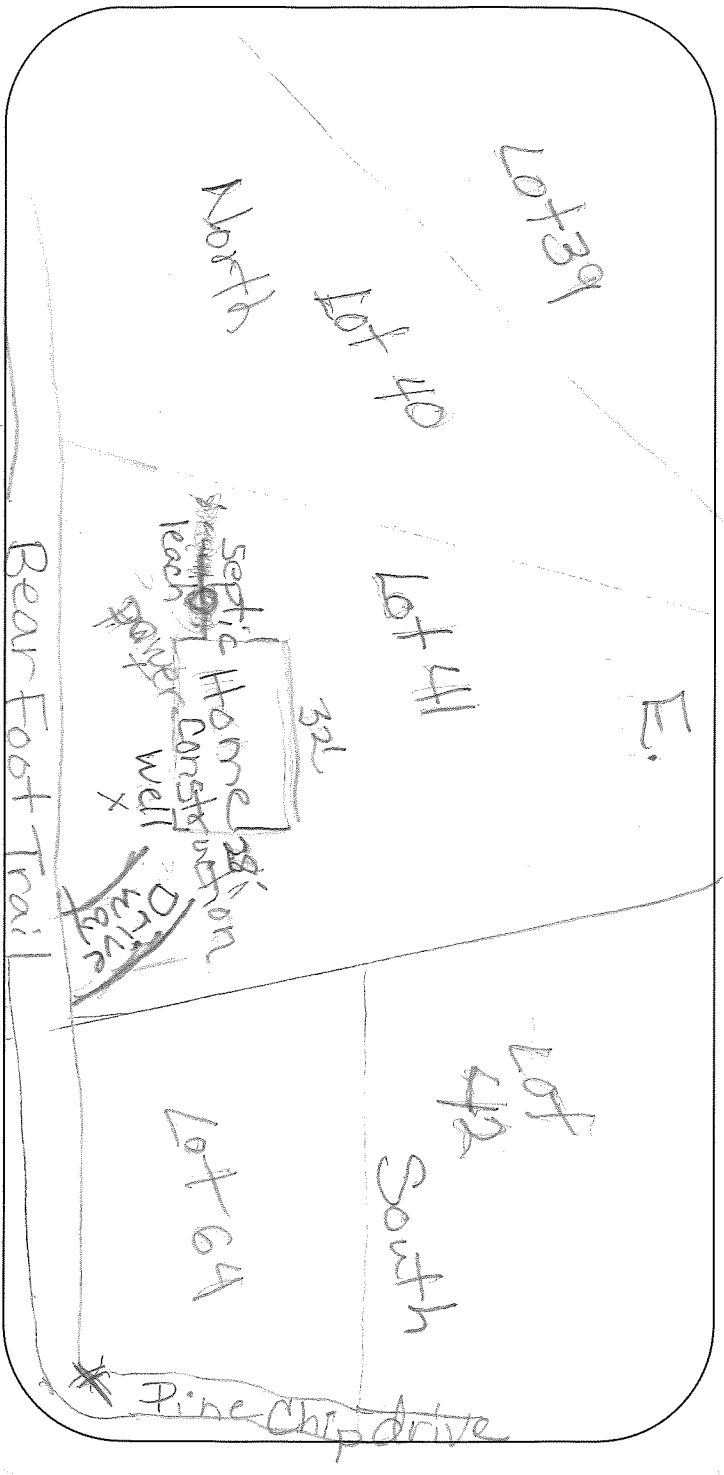
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(28 x 32)	896
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
	<input type="checkbox"/> with Loft	()	
	<input type="checkbox"/> with a Porch	()	
	<input type="checkbox"/> with (2nd) Deck	()	
	<input type="checkbox"/> with a Deck	()	
	<input type="checkbox"/> with (2nd) Deck	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	()	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	
	<input type="checkbox"/> Mobile Home (manufactured date)	()	
	<input type="checkbox"/> Addition/Alteration (specify)	()	
	<input type="checkbox"/> Accessory Building (specify)	()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	()	
	<input type="checkbox"/> Conditional Use: (explain)	()	
	<input type="checkbox"/> Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): AWH Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Anne Wilkan Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit P. Wilkan 56380 Deer Ft. Tr. Barnes WI 54873 Copy of Tax Statement
if you recently purchased the property send your Recorded Deed 54873

or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- Show / Indicate:
- North (N) on Plot Plan
- (3) Show Location of (*):
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	25 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	55 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	60 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>17-1035</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>9/25/17</u>
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>17-0393</u>		Permit Date: <u>9-27-17</u>		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record: <u>Site Staked</u>				
Date of Inspection: <u>9/11/17</u>		Inspected by: <u>Order</u>		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Signature of Inspector: <u>Order</u>				
Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
				Date of Approval: <u>9/26/17</u>

illage, State or Federal
Also Be Required

— X
ARY — 17-103S

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0393** Issued To: **Michael Holsclaw / Ann Wikan, Agent**

Location: - ¼ of - ¼ Section **7** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **41** Block Subdivision **Osage Add to Potawatomi** CSM#

For: **Residential Use: [1- Story; Residence (28' x 32') = 896 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

September 27, 2017

Date